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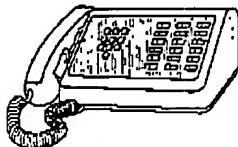
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PARAPROFESSIONALS

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**FACSIMILE COVER LETTER**

<b>Our Ref.:</b>	<b>IBMF100402000</b>	<b>Your Ref.:</b>	<b>S/N 10/702,416</b>
<b>Please Deliver To:</b>	Ex. Michael Aboagye U.S.P.T.O.	<b>Fax No. Called:</b>	571-273-8300
<b>From:</b>	Robert Curcio DeLio & Peterson, LLC	<b>ART UNIT</b>	<b>2812</b>
<b>Date:</b>	September 22, 2006		

We are transmitting 10 pages (including this cover sheet)

**MESSAGE:**

**Amendment After Final for filing in above-identified patent application.**

**PLEASE ACKNOWLEDGE RECEIPT!!!**

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, GMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0

**Complete if Known**

Application Number	10/702,416
Filing Date	November 6, 2003
First Named Inventor	D. Edelstein et al.
Examiner Name	Michael Abroagye
Art Unit	2812
Attorney Docket No.	FIS920030260US1

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 09-0458 Deposit Account Name: IBM East Fishkill

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
5	- 20 or HP = 0	x 25.00	= _____	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
1	- 3 or HP = 0	x 100.00	= _____		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 =	(round up to a whole number) x _____	= _____	Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 44,638

Telephone 203-787-0595

Name (Print/Type) Robert Curcio

Date September 22, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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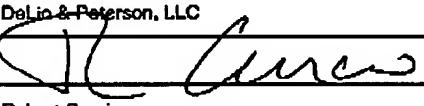
Total Number of Pages in This Submission

	Application Number	10/702,418
	Filing Date	November 6, 2003
	First Named Inventor	D. Edelstein et al
	Art Unit	2812
	Examiner Name	Michael Abroagye
9	Attorney Docket Number	FIS920030260US1

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Delio & Peterson, LLC		
Signature			
Printed name	Robert Curcio		
Date	September 22, 2006	Reg. No.	44,638

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Barbara Browne
Date	September 22, 2006

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DOCKET: FIS920030260US1

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR: D. Edelstein, et al. ) EXAMINER: Michael Aboagye  
)  
SERIAL NO.: 10/702,416 ) ART UNIT: 2812  
)  
FILING DATE: November 6, 2003 ) DATE: September 22, 2006  
  
FOR: APPARATUS AND METHOD FOR LOW PRESSURE WIREBOND

**AMENDMENT AFTER FINAL REJECTION**

Mail Stop \_\_\_\_\_  
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P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Name: Barbara Browne Date: September 22, 2006

Signature: Barbara Browne

Dear Sir:

Responsive to the Office Action mailed July 20, 2006, please amend the application as follows: